

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Stem Cell Action Fund

ADDRESS (number and street)

P.O. Box 40725

☐Check if different
than previously
reported. (ACC)

Denver

CO

80204

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00380675

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Faye Diamond

Signature of Treasurer

Electronically Filed by Faye Diamond

Date

0 1

3 0

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Stem Cell Action Fund

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 8 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2006 | 7612.72 |
| (b) Cash on Hand at Beginning of Reporting Period | 21672.37 | |
| (c) Total Receipts (from Line 19) | 2476.42 | 114780.84 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 24148.79 | 122393.56 |
| 7. Total Disbursements (from Line 31) | 13575.11 | 111819.88 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 10573.68 | 10573.68 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Stem Cell Action Fund

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 1750.00 | 93700.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 705.00 | 8399.99 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2455.00 | 102099.99 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 12500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 2455.00 | 114599.99 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 21.42 | 180.85 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 2476.42 | 114780.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2476.42 | 114780.84 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 14575.11 | 51319.88 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 14575.11 | 51319.88 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | -1000.00 | 60500.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (b) Political Party Committees | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0.00 | 0.00 |
| (ii) "Levin" Share | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 13575.11 | 111819.88 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 13575.11 | 111819.88 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 2455.00 | 114599.99 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2455.00 | 114599.99 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 14575.11 | 51319.88 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 14575.11 | 51319.88 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Stem Cell Action Fund

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Ellen Ranzman Mailing Address 6629 Elgin Ln City State Zip Code Bethesda MD 20817-5443 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6 Transaction ID: C18061 Amount of Each Receipt this Period 250.00 |
| B. Full Name (Last, First, Middle Initial) Sally Buckman Mailing Address 5806 Overlea Road City State Zip Code Bethesda MD 20816-2468 FEC ID number of contributing federal political committee. C Name of Employer Leventhal Senter & Lerman Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: C18062 Amount of Each Receipt this Period 1000.00 |
| C. Full Name (Last, First, Middle Initial) Marilyn D. Craig Mailing Address 955 Eudora St #708E City State Zip Code Denver CO 80220-4340 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pharmaceutical executive Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: C18066 Amount of Each Receipt this Period 500.00 |

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

1750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 17

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

Full Name (Last, First, Middle Initial)

A. NGP Software, Inc.

Mailing Address 5505 Connecticut Avenue, NW
PMB 277

City Washington State DC Zip Code 20015

Purpose of Disbursement
Web package, server fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5390

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

747.00

Full Name (Last, First, Middle Initial)

B. Diana DeGette

Mailing Address 290 Elm St

City Denver State CO Zip Code 80220-5739

Purpose of Disbursement
Staff travel, transportation, food

Candidate Name
Diana L. DeGette

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: D5391

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

147.37

Full Name (Last, First, Middle Initial)

C. SunTrust Merchant Services

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5372

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

208.40

SUBTOTAL of Disbursements This Page (optional)

1102.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

Full Name (Last, First, Middle Initial)

A. SunTrust Merchant Services

Mailing Address 6201 Powers Ferry Road

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5399

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

57.05

Full Name (Last, First, Middle Initial)

B. Ridder/Braden, Inc.

Mailing Address 1900 Grant St
Ste 1170

City Denver State CO Zip Code 80203-4344

Purpose of Disbursement
Compliance consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5386

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5400

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

112.00

SUBTOTAL of Disbursements This Page (optional)

669.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

Full Name (Last, First, Middle Initial)

A. First Card - Chase Card Services

Mailing Address PO Box 2004

City Elgin State IL Zip Code 60121-2004

Purpose of Disbursement
Staff travel, hotel, food, transportatio

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D5373

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

2660.87

Full Name (Last, First, Middle Initial)

B. Marriott Newark

Mailing Address Liberty International Airport

City Newark State NJ Zip Code 07114

Purpose of Disbursement
Staff travel

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D5374

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

382.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton Hotel

Mailing Address 3800 E 80th St

City Bloomington State MN Zip Code 55425

Purpose of Disbursement
Staff travel

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D5376

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

494.45

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2660.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Stoney Creek Inn | | Transaction ID: D5378 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> |
| Mailing Address 101 18th St | | Amount of Each Disbursement this Period <div>202.92</div> |
| City Moline State IL Zip Code 61265 | | |
| Purpose of Disbursement Staff travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) Ritz Carleton Cleveland | | Transaction ID: D5377 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> |
| Mailing Address 1515 W 3rd St | | Amount of Each Disbursement this Period <div>446.48</div> |
| City Cleveland State OH Zip Code 44113 | | |
| Purpose of Disbursement Staff travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) Northwest Airlines | | Transaction ID: D5402 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> |
| Mailing Address 7500 Airline Drive | | Amount of Each Disbursement this Period <div>100.00</div> |
| City Minneapolis State MN Zip Code 55450-1101 | | |
| Purpose of Disbursement Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| SUBTOTAL of Disbursements This Page (optional) | | <div>0.00</div> |
| TOTAL This Period (last page this line number only) | | |

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

| | | |
|---|--|---|
| A. Tru Full Name (Last, First, Middle Initial) Mailing Address 676 N St Clair City Chicago State IL Zip Code 60611 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D5375 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 612.67 [MEMO ITEM] |
| B. First Card - Chase Card Services Full Name (Last, First, Middle Initial) Mailing Address PO Box 2004 City Elgin State IL Zip Code 60121-2004 Purpose of Disbursement Staff travel, hotel, transportation, foo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D5380 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 5166.89 |
| C. Hilton O'Hare Hotel Full Name (Last, First, Middle Initial) Mailing Address PO Box 66414 City Chicago State IL Zip Code 60666 Purpose of Disbursement Staff travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D5382 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 226.41 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

5166.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 92880

City Los Angeles State CA Zip Code 90009-2880

Purpose of Disbursement

Airline tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5381

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

2991.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Expedia Travel

Mailing Address 13810 SE Eastgate Way

City Bellevue State WA Zip Code 98005-4432

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5383

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

1165.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Continental Airlines

Mailing Address P.O. Box 4607

City Houston State TX Zip Code 77210-4607

Purpose of Disbursement

Airline tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5385

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

344.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement

Airline tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5384

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

312.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Denver Development Group

Mailing Address 1470 Grape St

City Denver State CO Zip Code 80222

Purpose of Disbursement

Staff travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5387

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

412.64

Full Name (Last, First, Middle Initial)

C. U.S. Postal Service

Mailing Address Mile High Station

City Denver State CO Zip Code 80204-9998

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5389

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

207.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

412.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Susan Comfort | | Transaction ID: D5392 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div> |
| Mailing Address 606 Aspen Street, N.W. | | Amount of Each Disbursement this Period <div>1515.85</div> |
| City Washington State DC Zip Code 20012-2648 | | |
| Purpose of Disbursement Staff travel | <div>Category/Type</div> | |
| Candidate Name | <div>Category/Type</div> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) Hilton O'Hare Hotel | | Transaction ID: D5394 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div> |
| Mailing Address PO Box 66414 | | Amount of Each Disbursement this Period <div>218.96</div> |
| City Chicago State IL Zip Code 60666 | | |
| Purpose of Disbursement Staff travel | <div>Category/Type</div> | |
| Candidate Name | <div>Category/Type</div> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) United Airlines | | Transaction ID: D5395 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div> |
| Mailing Address PO Box 92880 | | Amount of Each Disbursement this Period <div>323.00</div> |
| City Los Angeles State CA Zip Code 90009-2880 | | |
| Purpose of Disbursement Airline tickets | <div>Category/Type</div> | |
| Candidate Name | <div>Category/Type</div> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

[MEMO ITEM]

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1515.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

| | | | |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) Stoney Creek Inn | | Transaction ID: D5396 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 6</div> </div> | |
| Mailing Address 101 18th St | | Amount of Each Disbursement this Period <div>15.00</div> | |
| City Moline State IL Zip Code 61265 | Purpose of Disbursement Staff travel | | |
| Candidate Name | Category/ Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| B. Full Name (Last, First, Middle Initial) First Card - Chase Card Services | | Transaction ID: D5401 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 6</div> </div> | |
| Mailing Address PO Box 2004 | | Amount of Each Disbursement this Period <div>3042.04</div> | |
| City Elgin State IL Zip Code 60121-2004 | Purpose of Disbursement Staff travel | | |
| Candidate Name | Category/ Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| C. Full Name (Last, First, Middle Initial) Northwest Airlines | | Transaction ID: D5403 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 6</div> </div> | |
| Mailing Address 7500 Airline Drive | | Amount of Each Disbursement this Period <div>2236.12</div> | |
| City Minneapolis State MN Zip Code 55450-1101 | Purpose of Disbursement Travel | | |
| Candidate Name | Category/ Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

[MEMO ITEM]

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3042.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

A. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement
Airline tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

503.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

14570.11

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Stem Cell Action Fund

A. Full Name (Last, First, Middle Initial)
Cranley for Congress

Mailing Address 37 W 7th St
Suite 804

City Cincinnati State OH Zip Code 45202-2414

Purpose of Disbursement
Void check for contribution of Jn 30 '06

Candidate Name
John Cranley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: D5405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

-1000.00